#### **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION Washington, DC 20204 Form Approved: OMB No. 0910-0030 Expiration Date: January 31, 2000

NOTE: This report is authorized by Public Law 21 U.S.C. 371(A); 21 CFR 720. While you are not required to respond, your cooperation is needed to make the results of this voluntary program comprehensive, accurate, and timely.

# NOTICE OF DISCONTINUANCE OF COMMERCIAL DISTRIBUTION OF COSMETIC PRODUCT FORMULATION

(In accordance with 21 CFR 720)

**Public reporting burden for this collection of information** is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

DHHS Reports Clearance Officer Paperwork Reduction Project (0910-0030) Hubert H. Humphrey Building, Room 531-H 200 Independence Avenue, SE Washington, DC 20201

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An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

number.	number.					
INSTRUCTIONS: Read inst	ruction booklet before compl	leting. Type entries in	capital letters.			
1. FDA CPIS NO.	2. FILING DATE	· <b>-</b>	3. DISCONTINUANCE DATE			
4. NAME OF MANUFACTURER/PAC	KER/DISTRIBUTOR (On Label)					
5. BRAND NAME AND NAME OF CC	SMETIC PRODUCT*					
number will be discontinued.	f more than one cosmetic product	has been filed under the C	tement. All Brand Names reported under this CPI osmetic Product Ingredient Statement and you w 12 deleting those cosmetic products that are no l	sh to		
manufactured.  7. TYPED NAME AND TITLE OF AUT	HORIZED INDIVIDUAL	8. SIGNATU	JRE AND DATE			

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6. COMMENTS (if any)				
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